



September 5-6, 2002

WORKSHOP REGISTRATION FORM

Hosted by the Advanced Photon Source
Argonne National Laboratory, Argonne, IL (USA)

Registration Information

(Please print or type)

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Family (Last) First M.I.

Organization _____

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Citizen of (Country) _____

Are you submitting an abstract? ☐ Yes ☐ No

Emergency Contact and Telephone Number _____

Name of Accompanying Persons:

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All non-U.S. citizens planning to attend the Workshop, stay at the Argonne Guest House, or attend any MEDSI02 functions at Argonne National Laboratory are required to provide citizenship information in order to get clearance to enter the Argonne site. Consequently, each non-U.S. citizen must complete a Citizenship Information Form. To complete the online form, go to the MEDSI02 Web page at <http://www.aps.anl.gov/asd/me/medsi02> and click on the **Non-U.S. Citizenship Information** link. This information must be received by the conference organizers no later than **August 2, 2002** in order to ensure entry to the Argonne site.

Accommodations

A block of rooms has been reserved at the Argonne Guest House for this meeting. Please make your reservations directly with the hotel and tell them you are attending the MEDSI02 Workshop.

Argonne Guest House • 9700 South Cass Avenue, Bldg. 460 • Argonne, IL 60439 U.S.A.

Tel: 1 800.632.8990 (inside U.S.) • Tel: 1 630.739.6000 (outside U.S.)

Fax: 1 739.1000 • E-mail: argonne-guest-house@anl.gov

Single: \$50.50 / night + tax • Double: \$62.50 / night + tax

Fees (in U.S.\$) [Registration includes attendance at all sessions, publications, and APS tour.]

Event	Amount Remitted
Registration Fee (banquet not included)	
_____ \$150.00 if received by July 31, 2002	\$ _____
_____ \$200.00 if received after July 31, 2002	\$ _____
Banquet	
_____ tickets @ \$28.00	\$ _____
Dietary Restrictions:	
Total Due	\$ _____

Method of Payment

Please note that registration payment can be made by credit card (VISA or MasterCard only) or check (see information below).

☐ **CREDIT CARD*:** ☐ VISA ☐ MasterCard

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☐ **CHECK (U.S.\$):** We ask that checks be drawn on a U.S. bank in U.S. currency and made payable to: **Argonne National Laboratory (MEDSI2002)**. All checks drawn on foreign banks will incur a \$30.00 check cashing fee payable during registration at the Conference.

☐ Check is enclosed

☐ **I will pay at registration.** PLEASE NOTE: If you choose to pay at the conference, you will be charged the higher registration fee (\$200.00 if received after July 31, 2002) regardless of when this form was received.

NOTE: No refunds will be made after **August 23, 2002**.

Please e-mail any questions to
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MAIL or FAX this form
along with payment or
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